

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585641

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		4		1		
6		4		1		
7		①		1		
8		①		1		
9		①		1		
10		①		1		
11		①		1		
12	1					
13		1				
14		1				
15		3				
16		3				
17		①				
18		①				
19		①				
20	1		1			
21	1		1			
22	1		1			
23		1		1		
24		1		1		
25	1					
26		1				
27		1				
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48						
49						
50						
TOTAL IND.	7	↓	4	↓		↓
TOTAL DEP.	32	←	14	←		←
TOTAL CLAIMS	39		18			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						